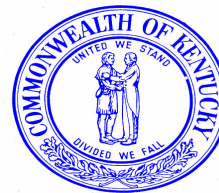


ENVIRONMENTAL AND PUBLIC PROTECTION CABINET  
OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION  
KENTUCKY BOARD OF HOME INSPECTORS  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405  
Tel: 502 573-0373, Fax 502.573-1059



**APPLICATION FOR LICENSURE AS A KENTUCKY HOME INSPECTOR**

FOR OFFICE USE ONLY	
LICENSE FEE:	
DATE FEE PAID:	
RECEIPT NUMBER ISSUED:	
DATE LICENSE ISSUED:	
LICENSE OBTAINED BY:	

PLEASE ATTACH ONE  
2" x 2" PASSPORT  
QUALITY COLOR  
PHOTOGRAPH

(See Instructions)

**ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED**

APPLICANT INFORMATION			
Name (last, first, middle, maiden or previous)		Business/Company Name if applicable	
Current Address (number, street or rural route – cannot be post office box or mail drop)			
City	County	State	Zip Code
Permanent Address (IF DIFFERENT FROM ADDRESS ABOVE)			
City	County	State	Zip Code
Work Telephone No. (include area code)	Home Telephone No. (include area code)	Cell Telephone No. (include area code)	
E-mail Address	Date of Birth (month, day, year)	Social Security Number	

**NOTE: AS PART OF THE APPLICATION PROCESS, APPLICANT MUST SUBMIT A COPY OF A STATE-WIDE BACKGROUND CHECK PREPARED BY A STATEWIDE REPORTING AGENCY.**

METHOD OF OBTAINING LICENSE
<b>STANDARD APPLICATION</b> <input type="checkbox"/> I am applying for licensure via successful completion of an approved pre-licensing course and passing of the approved national examination
<b>THE ALTERNATIVE REQUIREMENT LICENSING (KRS 198B.736) WILL EXPIRE ON JANUARY 1, 2007 (NOTE: See attachment for Log of Inspections for individuals who are applying under KRS 198B.736)</b> <input type="checkbox"/> I am applying for licensure via <b>Alternative Requirement (NOTE: Application must be submitted by December 29, 2006).</b> <input type="checkbox"/> I have been engaged in the practice of home inspections for at least one year prior to July 13, 2004 and document five such inspections, one of which is attached; <b>AND</b> <input type="checkbox"/> I have completed and document at least twenty-five (25) home inspections completed for compensation in the previous twelve (12) months and one completed home inspection is attached; <b>OR</b> <input type="checkbox"/> I have completed and document at least one hundred (100) home inspections for compensation during my career and one completed home inspection is attached.
<b>NON-RESIDENT LICENSEE (KRS 198B.716)</b> <input type="checkbox"/> I am applying for licensure via the <b>Non-Resident License and will agree to:</b> <input type="checkbox"/> Meet the requirements of KRS 198B.700-738 and file with the Board a written consent stating that:

- a. Applicant agrees to the commencement of any action arising out of the conduct of applicant's business in Kentucky in the county in which the events rise to the cause of action occurred;
- b. Agrees to provide the Board the name and address of an agent to receive service of process in Kentucky; OR
- c. Consents to the Board acting as the applicant's agent for the purpose of receiving service if:
  1. An agent's name and address have not been filed with the board; OR
  2. The agent's name and address on file with the Board are incorrect; AND
- d. Applicant agrees that service of process in accordance with the Rules of Civil Procedure is proper service and subjects the applicant to the jurisdiction of the Kentucky courts.

**RECIPROCITY FOR LICENSEES OF OTHER STATES KRS 198B.714 (INDIVIDUALS MOVING TO KENTUCKY)**

- ☐ I am applying for licensure via waiver under the following:
- a. The jurisdiction the individual is moving from grants the same privileges to licensees of Kentucky;
  - b. The person is licensed in the other jurisdiction;
  - c. The licensing requirements of the other jurisdiction are substantially similar to the requirements of KRS 198B.7.00 to KRS 198B.738; AND
  - d. The person states that he or she has studied, is familiar with, and will abide by KRS 198B.700 to 198B.738 and the administrative regulations promulgated by the Board.

**EDUCATION INFORMATION**

Have you graduated from high school or obtained a GED? \_\_\_\_ YES \_\_\_\_ NO (Please provide information below)

Name of School	Location (city and state)	Diploma /GED Date
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**PRE-LICENSING COURSE INFORMATION**

Have you completed a Board-approved pre-licensing course? \_\_\_\_ Yes \_\_\_\_ No (Please provide information below)

**APPLICANTS MUST ATTACH AN ORIGINAL OR COPY OF THEIR CERTIFICATE OF COURSE COMPLETION. (If you are applying for licensure via reciprocity or under the Alternative Licensing (grandfathering) provision, then you are not required to submit this certificate or complete this section)**

Name of Course Provider(s)		Provider (registration or approval) number(s)		Date Completed (month, day, year)		
Location (city, county and state):		Number of classroom credit hours completed:		Number of in-field training hours completed:		Test Score:

**CERTIFICATE OF INSURANCE**

**NOTE: APPLICANTS MUST ATTACH AN ORIGINAL OR COPY OF THEIR CERTIFICATE OF INSURANCE**

Name of Insurance Provider	
Telephone Number of Insurance Provider:	Insurance Policy Number:

**OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT**

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state or local licensing board?

☐ Yes ☐ No (If yes, list all state or local licenses below, including Kentucky) in which you have held license / certification / registration / permit in any state or local regulated profession.)

Type of License / Certificate / Registration / Permit	State/Local	License Number	Date Issued	Status
1.				
2.				
3.				
4.				
5.				

**Please check the following and if your answer is yes, provide complete details:**

Has disciplinary action ever been taken regarding any license, registration, certificate, or permit that you hold or have held? ☐ Yes ☐ No

If your answer is "yes" to any of the following, explain fully in a signed statement, including all related details such as the violation, date and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for denial or revocation of a license issued pursuant to this application.

1. Have you ever been convicted of, plead guilty under the Alford plea or nolo contendere to any misdemeanor or felony? ☐ Yes ☐ No

2. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? ☐ Yes ☐ No

**STANDARDS OF PRACTICE**

I will use the most current edition of the selected standard of practice to perform home inspections until such time as the Kentucky Board of Home Inspectors adopts their own standard. Check ONLY one of the following:

- ☐ American Association of Home Inspectors (ASHI)  
☐ National Association of Home Inspectors (NAHI)  
☐ National Association of Certified Home Inspectors (NACHI)

**APPLICANT AFFIRMATION**

\_\_\_\_\_(Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Home Inspector License at this time.

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct. That all required documentation is attached. I further authorize the Kentucky Board of Home Inspectors to investigate and confirm the information submitted in this application.

Signature of Applicant

Date Signed (month, day, year)

**Method of Payment:** My application fee (**non-refundable**) of \$250 is enclosed. I have paid by (check one):

\_\_\_ Check (personal, certified or cashiers) made payable to "Kentucky State Treasurer"; or

\_\_\_ Credit Card

Name of Issuer: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code where billing statement is sent: \_\_\_\_\_

If paying by credit card, I hereby authorize payment from this account:

\_\_\_\_\_  
Signature of Applicant

[illegible]

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**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSURE AS A  
KENTUCKY HOME INSPECTOR**

**Note:** All information on the application must be typed or printed clearly.

**I. Passport Quality Color Photograph—**

- a) Must be a color photograph (*we cannot scan black and white pictures*)
- b) Should be 2" x 2"
- c) Passport photos can usually be obtained at your local post office; many photo processing locations also offer this service

**II. Address Information --** You must provide a current, physical street address. P.O. BOXES WILL NOT BE ACCEPTED.

**III.** As part of the application process, each applicant must submit a copy of a background check performed by an agency that conducts state-wide record checks. In Kentucky, that will be the KENTUCKY STATE POLICE or the ADMINISTRATIVE OFFICE OF THE COURTS.

**IV. Method of Obtaining License**

- a) **Standard Application**—Check this box if you have completed a pre-licensing course and have passed the approved national examination
- b) **Alternative Requirement Licensing**—Check this box if you have performed home inspections for at least a year prior to July 13, 2004 AND
  - 1) You have completed and can document at least 25 home inspections in the previous 12 months; OR
  - 2) You have completed and can document at least 100 home inspections for compensation in your career

**Applicants applying under the alternative requirement licensing (“grandfathering”) provisions must document their inspections by listing them on the application or attach separate sheets. Applicants must submit one inspection report from being in business before July 14, 2003. For those applicants who are applying based on having conducted 25 or more inspections in the last twelve months, you should also submit a report of those listed from within the last twelve months.**

- c) **Non-Resident Licensee**—Check this box if you live outside of Kentucky and have satisfied either the standard application requirements or the alternative requirement licensing. Note: To be licensed as a non-resident, you must also agree to comply with the terms on the application including that you consent to the jurisdiction of Kentucky courts.

d) **Reciprocity for Licensees of Other States**—Check this box only if you are moving into Kentucky from a state which licenses home inspectors and meets the conditions set forth on the application

**V. Pre-Licensing Course Information** – Provide this information only if you have chosen “standard application” as your method of obtaining a license. You must supply the original or copy of a certificate of course completion. Only a course approved by the Kentucky Board of Home Inspectors will qualify as satisfying this requirement.

**VI. Certificate of Insurance** – You must submit an original or copy of a certificate of insurance that meets the following requirements:

- a) Is issued by an insurance company or other legal entity authorized to do business in Kentucky;
- b) Provides for general liability coverage of at least \$250,000;
- c) Lists the Kentucky Board of Home Inspectors as the certificate holder; and
- d) Provides cancellation or non-renewal of the policy is not effective until the Kentucky Board of Home Inspectors receives at least 10 days prior written notice of the cancellation or non-renewal

**VII. Other State Licenses/Certification/Registration/Permits**—Examples of such items include electrician, HVAC, plumber licenses.

**VIII. Payment**—Please remit your check or money order for \$250. payable to “KENTUCKY STATE TREASURER”. **This application fee is non-fundable.** You may also pay by credit card by providing the following information and signing the authorization:

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code where billing information is sent: \_\_\_\_\_

**DO NOT FORGET TO SIGN AND DATE YOUR COMPLETED APPLICATION.**